FORM APPROVED

Care Facilities					M-FROVE	
VCIES (X1) PF	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED 05/06/2015	
	FN8602			05/0		
		ADDRESS, CITY, STATE, ZIP CODE		1 00,0	1 03/00/2013	
	100 GRE	ENWAY CIRCI				
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
35894 and #36 5 through 5/6/15 ome. No deficie the survey or co d #36085) unde	085) were conducted in at Unicoi County encies were cited in emplaints (#35073, er Chapter 1200-08-06					
OR PROVIDER/SUPP	LIER REPRESENTATIVE'S SIG	GNATURE	TITLE Administrator		(X8) DATE	
	SUPPLIER SHOME  MARY STATEMENT DEFICIENCY MUST E TORY OR LSC IDEN  ments e survey and co 35894 and #36 5 through 5/6/15 ome. No deficie the survey or co d #36085) unde for Nursing Hor	TN8602  SUPPLIER STREET A  HOME 100 GRE  ERWIN,  MARY STATEMENT OF DEFICIENCIES  DEFICIENCY MUST BE PRECEDED BY FULL TORY OR LSC IDENTIFYING INFORMATION)  THE SURVEY and complaint investigations  135894 and #36085) were conducted  5 through 5/6/15, at Unicoi County  The No deficiencies were cited in the survey or complaints (#35073, d #36085) under Chapter 1200-08-06 for Nursing Homes.	INTEREST ADDRESS, CITY, S' SUPPLIER STREET ADDRESS, CITY, S' SHOME 100 GREENWAY CIRCLE GRAWN, TN 37650  MARRY STATEMENT OF DEFICIENCIES IN DEFICIENCY MUST BE PRECEDED BY FULL TORY OR LSC IDENTIFYING INFORMATION)  Ments N 000  Be survey and complaint investigations 35894 and #36085) were conducted 5 through 5/6/15, at Unicoi County orme. No deficiencies were cited in the survey or complaints (#35073, d #36085) under Chapter 1200-08-06 for Nursing Homes.	COES (X1) PROVIDER/SUPPLIER CLA (X2) MULTIPLE CONSTRUCTION A BUILDING:  TN8602  SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  100 GREENWAY CIRCLE  ERWIN, TN 37650  MARRY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY PULL TORY OR LSC IDENTIFYING INFORMATION)  TORY OR LSC IDENTIFYING INFORMATION  TORY OR LSC IDENTIFYING INFORMATION  N 000  Be survey and complaint investigations (35894 and #36085) were conducted of through 56/15, at Unicol County orne. No deficiencies were cited in the survey or complaints (#35073, d 436085) under Chapter 1200-08-06 for Nursing Homes.	COIS ON IDENTIFICATION NUMBER: A BUILDING: S. WING STRUCTION OSSIGN OSSI	